

FRESNO/KINGS/MADERA
EMERGENCY MEDICAL SERVICES

**HEALTH SERVICES AGENCY
POLICIES AND PROCEDURES**

Manual	Emergency Medical Services Administrative Policies and Procedures	Policy Number 702 Page 1 of 9
Subject	Emergency Medical Services Continuing Education Providers	
References	California Code of Regulations, Title 22, Division 9 Division 2.5 of the California Health and Safety Code	Effective 09/15/97

I. Policy

All prehospital personnel shall regularly attend continuing education. Prehospital CE providers may be approved to provide continuing education to prehospital personnel. CE providers who are located in Fresno, Kings, or Madera Counties, shall be the Fresno, Kings, Madera EMS Agency. If the CE provider relocates its headquarters to another county, the local EMS Agency of that county shall assume jurisdictional authority and may require the CE provider to reapply for CE provider status. The California EMS Authority shall be the approving agency for CE providers whose headquarters and/or course locations are out of state and for statewide public safety agencies.

Prehospital CE providers will be approved by the EMS Agency based on State regulations, guidelines and established local policies.

II. Procedure

A. CE Provider Application Process

1. Agencies shall submit the application provided in this policy to the Fresno/Kings/Madera EMS agency.
2. The EMS Agency shall notify the applicant in writing within ninety (60) days from the receipt of a complete application of its decision to approve or disapprove.
3. The application may be disapproved because it is incomplete or because all requirements are not met.
4. The EMS Agency may deny an application for cause as specified under the Disapproval, Revocation, Probation of CE Provider listed below.
5. The EMS Agency will issue a Prehospital CE Provider Number once all requirements have been met and the provider has been approved.

Approved By EMS Division Manager	Signatures on File at EMS	Revision
Fresno County EMS Medical Director	Signatures on File at EMS	
Kings and Madera Counties EMS Medical Director	Signatures on File at EMS	

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6. Program approval shall be issued for two (2) years. The expiration date shall be no more than two years from the last day of the month in which the application is approved.

B. CE PROVIDER RENEWAL

The EMS Agency may renew CE Providers if they apply and if they meet the requirements contained in these guidelines and in established policies.

C. DISAPPROVAL/REVOCATION/PROBATION OF CE PROVIDER STATUS

1. The EMS Agency may, for cause:
 - a. Disapprove an application as a CE provider; or
 - b. Revoke CE provider approval; or,
 - c. Place the CE provider in probation.
2. Causes for these actions include, but are not limited to the following:
 - a. Violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate any of the terms of Division 2.5 of the California Health and Safety Code, Title 22 of the California Code of Regulations or Local policies addressing continuing education.
 - b. Failure to correct identified deficiencies within a reasonable length of time after receiving written warning notices from the approving agency, specifying the deficiencies.
 - c. Any material misrepresentation of fact by a CE provider or applicant in any information required.
3. The EMS Agency may take such action(s) as it deems appropriate after giving written notice and specifying the reason(s) for disapproval, revocation, or probation.
4. Should an application for CE provider status be disapproved or revoked, the applicant or CE provider has the opportunity to formal appeal the action, in writing to the EMS Agency within thirty (30) days of notification.
5. If CE provider status is disapproved or revoked, approval for CE credit will be withdrawn for all CE programs scheduled after the date of action.
6. If a CE provider is placed on probation, the terms of probation, including approval of an appropriate corrective action plan shall be determined by the EMS Agency. This corrective action plan may include submission of all course documentation to the EMS Agency no later than thirty (30) days prior to each course being offered during the probationary period. In these cases, written notification of course approval shall be sent to the CE provider within ten (10) days of the receipt of the request.
7. Renewal during probation is contingent upon successful implementation of the approved corrective action plan.
8. The EMS Agency shall notify the California EMS Authority of each CE provider approved,

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disapproved, or revoked.

D. CE PROVIDER RESPONSIBILITIES

1. The applicant should submit an application to the EMS Agency at least ninety (60) days prior to the date of the first activity.
2. Documentation that shall accompany the application, at the minimum should include:
 - a. A signed statement verifying adherence to state regulations and local policy.
 - b. The name and qualifications of the program director and clinical director.
 - c. The location of the headquarter at which the course records and other required information will be maintained.
3. Payment of required non-refundable approval fee, when at such time fees have been established.
4. Provider approval is non-transferrable.
5. Renewal
 - a. It is the responsibility of the CE provider to submit an application for renewal at least ninety (60) days in advance of the approval expiration date in order to maintain continuous approval.
 - b. All CE provider requirements must be met and maintained for renewal.

E. CE PROVIDER REQUIREMENTS

1. The content of all CE is relevant, enhances the practice of prehospital emergency medical care, and is related to the knowledge base or technical skills for the practice emergency medical care by prehospital personnel.
2. Records are maintained for four (4) years and shall contain the following:
 - a. Complete outlines for each course given, including a brief overview, instructional objectives, comprehensive topical outline, method of evaluation and a record of participant performance.
 - b. Record of time, place, date each course is given and the number and type of hours granted.
 - c. A curriculum vitae or resume for each instructor.
 - d. A roster signed by course participants to include their name and certification number of prehospital care personnel taking any approved course and a record of any certificates issued.
 - e. Course Evaluations and post test.
3. The EMS Agency is notified within thirty (30) days of any change in name, address, telephone

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number, program director, or clinical director.

4. The EMS Agency shall receive a list of all courses offered each month. Courses to be listed on the CE calendar need to be submitted to the EMS Agency by the 15th of each month.
5. All records are available to the EMS Agency upon request. A CE provider is subject to scheduled or unscheduled site visits by the EMS Agency.
6. Classes and/or courses are subject to scheduled or unscheduled site visits by the EMS Agency.

F. TRAINING PROGRAM STAFF REQUIREMENTS

Each CE provider shall provide for the functions of administrative direction, prehospital quality coordination and actual program instruction through the designation of a Program Director, a Clinical Director and instructors. The same individual may be responsible for more than one of the functions.

1. Program Director

Each CE provider shall have an approved program director who is qualified by education and experience in methods, materials and evaluation of instruction. Program director qualifications shall be documented by one of the following:

- a. California State Fire Marshal (CSFM) "Fire Instructor 1A and 1B" or the National Fire Academy's (NFA) "Fire Service Instructional Methodology" Course
- b. University of California (UC)/California State University (CSU) sixty (60) hour "Techniques of Teaching" or four (4) semester units of upper division in educational materials, methods and curriculum development or equivalent.
- c. A valid Community College teaching credential or equivalent.
- d. Exceptions for individuals with experience in rural areas may where training resources are limited, may be submitted in writing to the EMS Agency, and may be approved by the Medical Director upon review of experience and demonstration of capabilities.

2. Duties of Program Director shall include, but not be limited to:

- a. Administration the CE program and ensuring adherence to state regulations, the State CE guidelines, and Local EMS policies.
- b. Approving course content, including instructional objectives, assigning course hours and category of any CE program which they sponsor.
- c. Approving all methods of evaluation.
- d. Coordinating all clinical and field activities approved for CE credit.
- e. Approving the qualification of the instructor(s).
- f. Signing all course completion records and maintaining those records in a

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manner consistent with the State CE guidelines and Local EMS policies. The responsibility for signing course completions records may be delegated to the course instructor.

3. Clinical Director

Each CE provider shall have an approved clinical director who shall be either a physician, registered nurse, physician's assistant, or EMT-Paramedic currently licensed in the State of California and who shall have two (2) years of academic, administrative or clinical experience in emergency medicine or prehospital care in the last five (5) years.

4. Duties of the Clinical Director shall include, but not be limited to the following.

- a. Approving the qualifications of the instructors.
- b. Monitoring all clinical and field activities approved for CE credit.
- c. Monitoring the overall quality of prehospital content of the program.

5. Instructor

Each CE provider shall have an instructor(s) who:

- a. are approved by the program director and clinical director as qualified to teach the topics assigned; and,
- b. Currently licensed or certified in their area of expertise, if appropriate; or,
 1. Has evidence of specialized training which may include, but is not limited to, a certificate or training or an advanced degree in a given subject area; or,
 2. Has at least one (1) year of experience within the last two years (2) years in the specialized area in which they are teaching; or,
 3. Is knowledgeable, skillful and current in the subject matter of the course or activity; or,
 4. Has unique or specialized experience in the subject matter.

F. CONTINUING EDUCATION HOURS (CEH)

The CE provider will identify hours of approved continuing education on the following basis:

1. One continuing education hour (CEH) is awarded for every fifty (50) minutes of approved content.
2. Courses or activities less than one (1) hour in duration will not be approved.
3. For courses greater than one hour, credit may be granted in no less than half hour increments.
4. Each hour of structured clinical experience with goals, objectives, and quiz shall be accepted as

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one (1) CEH.

5. One academic quarter unit shall equal 10 CEHs if approved for prehospital education.
6. One academic semester unit shall equal 15 CEHs if approved for prehospital education.
7. A specific or standardized course may be taken only once for CE credit during the same certification cycle.
8. CE credit may be granted only once per certification cycle for approved courses taught by prehospital personnel. Credit will be granted for number of actual teaching hours only.

G. RECORD KEEPING

Each CE provider shall maintain for four (4) years:

1. Records on each course offered, including but not limited to course title, course objectives, course outlines, qualifications of instructors, dates of instruction, location, participant sign-in rosters, and records of course completions issued.
2. Course tests results, course evaluations and other methods of evaluation. The type of evaluation used may vary according to the instructor, content or program, number of participants and method of presentation.

H. CERTIFICATES AND DOCUMENTS AS PROOF OF COMPLETION

1. Providers shall issue a document of proof of successful completion of a course within thirty (30) days.
2. A certificate documenting successful completion must contain the following information:
 - a. Name of participant and certification/license number
 - b. Course title
 - c. Prehospital CE provider name and address
 - d. Date(s) of course
 - e. Signature of program director, or course instructor.
 - f. The following statements MUST be printed on the certificate:

"This course has been approved for ____ hours of Category (I or II) EMT-P or MICN (or ____ hours of lecture for EMT-I) continuing education by California Prehospital CE Provider (provider name).

"California Prehospital CE Provider # ____-____."

"This certificate must be retained for a period of four (4) years after the course ends."

I. ADVERTISEMENT

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Information disseminated by CE providers publicizing CE must include at a minimum the following:

1. The statement "This course has been approved the for ____ hours of Category (I or II) continuing education by California Prehospital CE provider # ____-____".
2. Provider's policy on refunds in cases of non attendance by the registrant or cancellation by provider, of applicable.
3. A clear, concise description of the course content, objectives, and the intended target audience (EMT-P, MICN, EMT-I, Dispatcher or all)
4. Provider name, as officially on file with the EMS Agency.
5. A statement that "Prehospital CE Program Approval is pending", if any advertising is done prior to approval of the CE provider.
6. A copy of all brochures disseminated to the public shall be sent to the EMS Agency.

J. CO-SPONSORING A COURSE

When two or more CE providers co-sponsor a course, only one approved provider is allowed to be used for that course, and assumes the responsibility for all applicable provisions.

K. ONE TIME APPROVAL FOR AN ACTIVITY/COURSE

An approved CE provider may sponsor an individual or organization that wishes to obtain a one time approval for a single activity or course. The CE provider shall be responsible for course approval and serve as the CE provider of record. The CE provider shall review the request to ensure that the course/activity complies with the minimum requirements.

J. CATEGORIZATION OF PREHOSPITAL CONTINUING EDUCATION

Prehospital continuing education must be relevant to and enhance the practice of prehospital emergency medical care. Prehospital CE should be to renew, enhance and enrich the practice of prehospital care by field personnel, to maintain knowledge and skills and to provide exposure to new or advanced material.

When approving CE credit the guiding rules should be that CE credit is given to courses or classes that are directly or indirectly related to patient care in the prehospital setting and are structured with learning objectives and evaluation component.

1. EMT-I Continuing Education:

EMT-I CE is not categorized. EMT-I CE must be consist of classroom and lab instruction (not including testing) in BLS knowledge and skills (within their scope of practice) for recertification in prehospital care. Tape reviews/field care audits/case studys are not approved for EMT-I CE. EMT-I's are required to complete 24 hours of CE every two years.

2. EMT-P Continuing Education:

EMT-P CE is classified as Category I (Didactic Education) and Category II (Tape Review/Field Care Audit/Case Study).

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a. Category I - Didactic:

Didactic education should be planned and presented with specific instructional objectives which address ALS and/or BLS skills or knowledge relating to direct/indirect patient care by prehospital personnel. This category may include classroom presentation, seminar, or workshop experience, structured clinical experience, home study courses or video presentation. Each course must have an written test.

b. Acceptable topics for category I:

1. Courses in physical, social or behavioral sciences (e.g. anatomy, physiology, if course is directly/indirectly related to prehospital care).
2. Knowledge relating to direct prehospital patient care, including medical treatment and/or management of specific patients (e.g. burn care, assessment, ACLS, BTLIS, PALS, orientation programs with patient care contacts).
3. Structured clinical experience to review or expand the clinical expertise of the individual. All clinical time must have specific goals/objectives, account for downtime (e.g. assessment skills, clinical rounds), have an evaluation tool to measure performance and shall be allowed for a maximum of eight (8) hours in a certification cycle.
4. Knowledge applied to indirect patient care or medical operations (e.g. quality improvement, cultural diversity, grief support, CISD, medical management of hazardous materials, emergency vehicle operations, dispatch, rescue techniques).
5. Advanced topics in subject matter outside the scope of prehospital personnel but directly relevant to prehospital care (e.g surgical airway procedures).
6. Media based and/or serial productions (e.g. films, video "magazines", audiotape programs, magazine article offered for CE credit, home study). Media based courses must be individually approved and must stand alone as a coherent and complete CE program, which includes objectives, written evaluation tool and verification of participation.
7. Instruction of BLS or ALS topics or courses, precepting EMT-P students, to a total of eight (8) hours per relicensure cycle.

c. Category II - Field Care Audit/Tape Review/Case Study:

Category II CE is an organized review of field care using actual recorded and/or written patient care records. Category II Ce should focus primarily on treatment, interventions and local policies. Didactic material may be presented as part of the field care audit/case study if the discussion os related to the cases being presented and is limited to fifty percent of the content. Category II CE is presented by an approved Prehospital Liaison Nurse under the direction of a Base Hospital Physician.

FRESNO/KINGS/MADERA
EMERGENCY MEDICAL SERVICES

**APPLICATION FOR APPROVED PROVIDER OF
PREHOSPITAL CONTINUING EDUCATION (CE)**

Please Print or Type

CE PROVIDER AGENCY NAME: _____

TELEPHONE NO.: _____

FAX NO.: _____

PROVIDER LOCATION:

Street & Number

City

State

Zip Code

PROVIDER MAILING ADDRESS (if different than above):

Street & Number

City

State

Zip Code

CONTINUING EDUCATION PROGRAM DIRECTOR:

Full Name

Title

CONTINUING EDUCATION CLINICAL DIRECTOR:

Full Name

Title

PROVIDER IS A/AN (Check ONE):

☐

Local EMS Agency

☐

Hospital

☐

Prehospital Provider Agency

☐

EMT-P Training Program

☐

EMT-I Training Program

☐

Other School

☐

Other Governmental Agency

ESTIMATED NUMBER OF CE HOURS TO BE PROVIDED:

BLS Level: _____ Hours Yearly

ALS Level: _____ Hours Yearly

ATTACH TO THIS FORM: Resumes of Continuing Education Program Director and Clinical Coordinator, demonstrating that individual's experience and qualifications in prehospital care/education (see attached guidelines).

I certify that all information on this application is, to the best of my knowledge, true and correct. Furthermore, I certify that I/this agency will comply with all State and local guidelines, policies and procedures regarding continuing education, and agree to comply with all audit and review processes.

Signature:

Continuing Education Program Director

Date

Submit this application, with appropriate supporting documentation to:

Debra Becker, RN
Fresno/Kings/Madera EMS Agency
PO Box 11867
Fresno, California 93775
(209) 445-3387

Local EMS Agency Use Only

Appl. Rec'd	Reviewed By	Approval Date	Renewal Date	Provider Number	CE Level - BLS/ALS	Comments